

PINELLAS COUNTY SCHOOLS
OUT OF COUNTY TRAVEL AUTHORIZATION AND CLAIM FORM

(Last 5 digits of Soc. Security #)

1. Type or print CLEARLY in ink. Submitting in blue ink reduces possibility of duplicate payment.
2. Complete entire form prior to submittal, INCLUDING REQUIRED SIGNATURES (payee, supervisor and expense authorizer).
3. Include office phone number where requested below.

FULL NAME: _____ (Use your name and address as they appear on your payroll check.)
(FIRST) (M.I.) (LAST)

HOME ADDRESS: _____ POSITION: _____

CITY: _____ ZIP: _____ OFFICE/SCHOOL (HOME BASE): _____

PURPOSE OF TRAVEL (mandatory) _____

FOR PERIOD FROM: _____ THROUGH: _____

City and State

Must be completed (including AM or PM) for ALL travel

Departed: Date _____ Time _____ am/pm Returned: Date _____ Time _____ am/pm

Departed: Date _____ Time _____ am/pm Returned: Date _____ Time _____ am/pm

Departed: Date _____ Time _____ am/pm Returned: Date _____ Time _____ am/pm

SELECT EITHER: SECTION A ONLY (per diem includes both meals and lodging) OR
SECTIONS B AND C (meals and lodging - lodging receipt required)

OBJ.

PLEASE REFER TO ACCOUNTING'S INTRANET WEBSITE FOR CURRENT TRAVEL REIMBURSEMENT RATES (MILEAGE, MEALS, PER DIEM)

A. PER DIEM No. of Days _____ @ \$ _____ = \$ _____ 0332

B. MEAL ALLOWANCE: Breakfast - travel must begin before 6 a.m. and extend beyond 8 a.m.

Lunch - travel must begin before 12 noon and extend beyond 2 p.m.

Dinner - travel must begin before 6 p.m. and extend beyond 8 p.m.

No. of Meals Breakfast _____ @ _____ Lunch _____ @ _____ Dinner _____ @ _____ TOTAL MEALS \$ _____ 0332

(Do not request reimbursement for meals included in registration fee.)

0334*

* Object 0334 shall only be used for Non-School Board employees (i.e., volunteers, grant recipients, etc.)
when travel does not include an overnight stay.

C. LODGING RECEIPT (Please attach original receipt; if room shared with family member, indicate family.

Do not request reimbursement of lodging when included in registration payment.)

NAMES OF THOSE SHARING ROOM _____ LODGING \$ _____ 0332

D. TOTAL MILEAGE (include copy of Mapquest) _____ @ _____ = \$ _____ 0332

E. REGISTRATION - (Do not request reimbursement for meals or lodging included in the registration fee.) \$ _____ 0333

F. OTHER AUTHORIZED EXPENSES (List and attach original receipts: e.g. tolls, parking fees, airline tickets, etc.)

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____ \$ _____ 0332

I hereby certify or affirm that above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of Section 112.061, Florida Statutes. It is further understood that the Board is prohibited by Florida Statutes from providing any reimbursement in addition to the standard mileage rate for expenses associated with the ownership, maintenance and operation of a privately owned motor vehicle including automobile insurance deductible and coverage costs.

\$ _____
TOTAL REIMBURSEMENT

PAYEE SIGNATURE _____ Date: _____ Phone: _____

Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was on official business of the School Board of Pinellas County and was performed for the purpose stated above:

IMMEDIATE SUPERVISOR SIGNATURE: _____ Date: _____ Phone: _____

EXPENSE AUTHORIZER SIGNATURE: _____ Date: _____ Phone: _____

REFERENCE LINE	FUND	GENERAL LEDGER	FUNCTION	OBJECT	COST CENTER	PROJECT	SUB PROJECT	PROGRAM	PAYMENT AMOUNT
				0332					
				0333					
				0334					

TO AVOID DELAY IN PAYMENT, PLEASE VERIFY FUND AVAILABILITY BEFORE SUBMITTING TO ACCOUNTING.

TRAVEL OUTSIDE COUNTY

DATE	FROM	TO	MILES
		TOTAL TRAVEL OUTSIDE COUNTY	

DATE	FROM	TO	MILES

TOTAL AIRPORT MILEAGE

DATE	FROM	TO	MILES
		TOTAL VICINITY TRAVEL	
		TOTAL MILEAGE = D	